

# Leadership in Clinical Practice

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**Scenario**

# Scenario

- It's an on-call weekend
- You've been handed over 40 bloods to chase from the day before and 26 patients to review
- You are responsible for 248 patients from 8am-2pm (the F1 joins you at 2pm)
- And the bleeps start coming- average 30 per hour
  - - All serious with usually Airway, Breathing or Circulation issues
- By 2pm, you none of the patients have been reviewed from the day before
- Several near-misses and incidents are generated from the weekend
- 13 hours later – you are exhausted!
- All the other SHO's have “survived the awful weekends on call”

# Questions

- **What are the key issues?**
- **How will you address these?**
- **How can you change the system?**

# What happened

- A non-urgent job list was provided to each ward- nurses informed only to bleep for emergencies
- All bleeps were recorded with time- job – and job completion
- **Non urgent jobs + urgent jobs = total jobs**
- Clinical incidents were reported
- Data emailed to head of medicine, medical director and foundation programme director
- **Another locum on call post opened-up immediately following email**